

# Coronavirus (COVID-19) Employee Screening Tool

## Employer Version

**Instructions:** Use this form to screen all entering employees. The Washington Ozaukee Public Health Department recommends that employees in congregate spaces be screened daily.

### Statement to Employee

Coronavirus disease 2019 (COVID-19) is a respiratory disease that can result in hospitalization or death, even for young people with no underlying medical conditions. You can help prevent the spread of COVID-19 by staying at least 6 feet away from others, avoiding touching your face, coughing and sneezing into a tissue or an elbow rather than your hands, and washing your hands with soap and warm water for at least 20 seconds. Hand sanitizer can be used if soap and water are not available.

**EMPLOYEE NAME:** (First, Last)

**DATE:** (dd/mm/yy)

<b>SYMPTOMS:</b>	
<p>In the past 24 hours, have you experienced:</p> <p>If employee has experienced any of the symptoms listed, they should not go to work.</p> <p><u>Guidance for Employer:</u></p> <ul style="list-style-type: none"><li>• Send employee home to quarantine for no less than 10 days. They may return to work after symptom free for 72 hours AND at least 10 days at home.</li><li>• Employee should call their health care provider for guidance</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Fever (100.4°F or higher)</li><li><input type="checkbox"/> Shortness of breath</li><li><input type="checkbox"/> Cough</li><li><input type="checkbox"/> Chills</li><li><input type="checkbox"/> Repeated shaking with chills</li><li><input type="checkbox"/> Muscle pain</li><li><input type="checkbox"/> Headache</li><li><input type="checkbox"/> Sore throat</li><li><input type="checkbox"/> New loss of taste or smell</li></ul>
<b>POTENTIAL CONTACT:</b>	
<p>If employee answers “yes” to either of these questions, they should go home and self-quarantine for 14 days. The decision to have employee quarantine after travel should be made at the discretion of the employer. Some travel areas are higher risk than others.</p>	
<p>In the last 14 days, have you had close contact with a confirmed COVID-19 patient while that person was ill?</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>
<p>In the last 14 days, have you traveled via airplane internationally or domestically?</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>

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## *Employee Version*

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### **Statement to Employee**

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**EMPLOYEE NAME:** (First, Last)

**DATE:** (dd/mm/yy)

<b>SYMPTOMS:</b>	
In the past 24 hours, have you experienced:	<input type="checkbox"/> Fever (100.4°F or higher) <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Repeated shaking with chills <input type="checkbox"/> Muscle pain <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> New loss of taste or smell
<b>Additional Questions:</b>	
In the last 14 days, have you had close contact with a confirmed COVID-19 patient while that person was ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 14 days, have you traveled via airplane internationally or domestically?	<input type="checkbox"/> Yes <input type="checkbox"/> No